CONSENT
A PARENTS' VOICE IN HEALTHCARE

Parental Healthcare Decisions

Refusing antipyretic (fever-lowering) medication

HELPING DOCTORS UNDERSTAND PARENTS

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Consent is a charity supporting parental healthcare decisions. We aim to be a balanced voice for parents, facilitating and promoting better understanding between parents and healthcare professionals.

Most parents are not medically trained and rely on doctors for accurate diagnosis and treatment recommendations. However, it is also now common for parents to form their own opinions and to make decisions on behalf of their child which may be contrary to the medical advice they have received.

The Supreme Court in the case of Montgomery said in 2015:
"The social and legal developments which we have mentioned point away from a model of the relationship between the doctor and the patient based upon medical paternalism. They also point away from a model based upon a view of the patient as being entirely dependent on information provided by the doctor. What they point towards is an approach to the law which, instead of treating patients as placing themselves in the hands of their doctors (and then being prone to sue their doctors in the event of a disappointing outcome), treats them so far as possible as adults who are capable of understanding that medical treatment is uncertain of success and may involve risks, accepting responsibility for the taking of risks affecting their own lives, and living with the consequences of their choices."

This statement sums up well the change in attitude among patients over recent decades, as acknowledged by the courts.

Parents have a duty to make decisions in the best interest of their child. In extreme cases doctors can ask a court to override a parental decision. They cannot, however, override it themselves.

The **Clinical Manual of Fever in Children**[1] describes the excessive fear of fever among both parents and doctors as "fever phobia" and finds such fears "unfounded". It points out that:

- There is considerable evidence that fever promotes host defence against infection, i.e. is an important defence mechanism.
- Complications and mortality are closely related to severity of underlying disease, not level of fever.
- Fever does not climb up relentlessly and does not normally exceed 42 C.
- Temperature above 42C suggest hyperthermia (different causes, symptoms and management to fever).
- Febrile seizures only occur in genetically susceptible children and are not usually dangerous.
- Fever does not damage the central nervous system.
- The principle complication of fever is dehydration, which can be prevented by providing extra fluid to the child.
- Antipyretics do not prevent febrile seizures.

1 A Sahib El-Radhi: Clinical Manual of Fever in Children, Second edition 2018, Springer International Publishing

- Antipyretics have no positive influence on the underlying disease and may be counterproductive.
- The analgesic effect of the drug makes the child feel better. This does not mean we have reduced the severity of the disease. However it may encourage the child to take more fluids.

NICE guidelines[1] broadly confirm this position:

- Antipyretic agents do not prevent febrile convulsions and should not be used specifically for this purpose.
- Do not use antipyretic agents with the sole aim of reducing body temperature in children with fever.
- Consider using either paracetamol or ibuprofen in children with fever who appear distressed.
- When using paracetamol or ibuprofen in children with fever:
    - continue only as long as the child appears distressed
    - consider changing to the other agent if the child's distress is not alleviated
    - do not give both agents simultaneously
    - only consider alternating these agents if the distress persists or recurs before the next dose is due.

It is important to note that these guidelines are, in effect, asking doctors to use paracetamol (acetaminophen) and ibuprofen as analgesics, not as fever lowering agents.

Many parents may feel that the benefits of fever as a defence against infection outweigh the use of paracetamol and ibuprofen to relieve distress.

Medical professionals should not confuse the refusal of anti**pyretics** with the refusal of anti**biotics** in case of a diagnosed *serious bacterial infection*. Here an antibiotic may save lives while an antipyretic will often lead to a higher chance of adverse outcomes. Refusing antipyretic medication is therefore usually reasonable and can be as a sign of a well-informed parent. Much re-education is still needed in correcting our society's view on fever and these parents should therefore be welcomed. However they rely on doctors and their expertise to quickly diagnose and treat serious underlying conditions.

Heinz Eichenwald, Professor of Paediatrics at the South Western Medical School, University of Texas - Bulletin of the World Health Organization 2003, 81 (5)

Fever represents a universal, ancient, and usually beneficial response to infection, and its suppression under most circumstances has few, if any, demonstrable benefits. On the other hand, some harmful effects have been shown to occur as a result of suppressing fever: in most individuals, these are slight, but when translated to millions of people, they may result in an increase in morbidity and perhaps the occurrence of occasional mortality. It is clear, therefore, that widespread use of antipyretics should not be encouraged either in developing countries or in industrial societies.

1 See NICE website - 2013 guidelines reviewed in 2017